

# Runaway Cobb County Juvenile Court

Please print and answer the questions on this form. Bring the completed forms and any other information relevant to your child (ie; most recent photograph) to the Cobb County Juvenile Court, (Intake department) for immediate processing.

## **RUNAWAY INFORMATION SHEET**

CHILD'S FULL NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ AGE: \_\_\_\_\_

ALIAS NAME (S) (IF ANY): \_\_\_\_\_ RACE: \_\_\_\_\_ SEX: M / F

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

ZIP CODE: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_

MOTHER'S NAME (INCLUDE MAIDEN): \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

ZIP CODE: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_ WORK #: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

ZIP CODE: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_ WORK #: \_\_\_\_\_

LEGAL CUSTODIAN (IF OTHER THAN PARENT): \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

ZIP CODE: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_ WORK #: \_\_\_\_\_

STEP-PARENT (S) NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

ZIP CODE: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_ WORK #: \_\_\_\_\_

## **INCIDENT INFORMATION**

DATE OF OFFENSE: \_\_\_\_\_ WHERE LAST SEEN: \_\_\_\_\_

DATE/TIME OF WHERE LAST SEEN: \_\_\_\_\_ BY WHOM: \_\_\_\_\_

CLOTHING WORN: \_\_\_\_\_ MONEY CARRIED: \$ \_\_\_\_\_

PERSONAL ITEMS CARRIED: \_\_\_\_\_

## **INFORMATION ON CHILD**

### PHYSICAL DESCRIPTION:

HT: \_\_\_\_\_ WT: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_ HAIR COLOR: \_\_\_\_\_ LENGTH: \_\_\_\_\_

MARK / SCARS / TATTOOS: \_\_\_\_\_

### CIRCLE ANY AND / OR ALL OF THE FOLLOWING THAT DESCRIBE YOUR CHILD:

BEARD    MUSTACHE    GLASSES    BRACES    EARRING (S)    OTHER PIERCING (S) WHERE: \_\_\_\_\_

USE ALCOHOL (IF SO, WHAT TYPE)    BEER    WINE    LIQUOR

USE DRUGS (IF SO WHAT TYPE OF DRUG) \_\_\_\_\_

WHAT IS THEIR MENTAL CONDITION? \_\_\_\_\_

WHAT IS THEIR PHYSICAL CONDITION? \_\_\_\_\_

IS YOUR CHILD AGGRESSIVE OR VIOLENT? \_\_\_\_\_

DOES YOUR CHILD CARRY A WEAPON? \_\_\_\_\_ IF SO WHAT? \_\_\_\_\_

WILL YOUR CHILD RESIST WHEN LOCATED? \_\_\_\_\_

HAS YOUR CHILD RUN AWAY BEFORE? \_\_\_\_\_ HOW LONG WAS CHILD GONE? \_\_\_\_\_

WHERE LOCATED? \_\_\_\_\_ WITH WHOM? \_\_\_\_\_

DID YOUR CHILD TAKE A VEHICLE? \_\_\_\_\_ TYPE: \_\_\_\_\_ MAKE / MODEL: \_\_\_\_\_

YEAR \_\_\_\_\_ COLOR \_\_\_\_\_ TAG# \_\_\_\_\_ STATE: \_\_\_\_\_

OWNER OF VEHICLE: \_\_\_\_\_

NAME OF CHILD'S SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_

IS CHILD EMPLOYED? \_\_\_\_\_ CHILD'S EMPLOYER (IF ANY) \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_

**INFORMATION ABOUT POSSIBLE WHEREABOUTS / DESTINATIONS**

KNOWN HANGOUTS: \_\_\_\_\_  
\_\_\_\_\_

LIST ANYONE WHO MAY HAVE INFORMATION AS TO CHILD'S WHEREABOUTS (FRIENDS, RELATIVES)

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

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NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

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NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

WHERE DO YOU THINK YOUR CHILD MAY BE? \_\_\_\_\_

IS HE / SHE WITH A RELATIVE OR FAMILY FRIEND? \_\_\_\_\_

HAVE YOU BEEN TO THIS LOCATION TO ATTEMPT TO TAKE YOUR CHILD HOME? \_\_\_\_\_

IF NOT, WHY? \_\_\_\_\_

ARE DENTAL / MEDICAL RECORDS OR FINGERPRINTS AVAILABLE? \_\_\_\_\_

IS YOUR CHILD TAKING MEDICATION? \_\_\_\_\_ WHAT TYPE? \_\_\_\_\_

DO YOU THINK YOUR CHILD HAS LEFT THE COUNTY OR STATE? \_\_\_\_\_

IF SO DESTINATION: \_\_\_\_\_ WHY? \_\_\_\_\_